

APPENDIX D

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Telephone Interview of DONs Regarding Facility Staffing

Introduction:

My name is _____ and I'm calling from Abt Associates, a private research firm based in Cambridge, Massachusetts. We currently have a contract with HCFA to help them to determine the need for a Federal minimum staffing requirement for nursing facilities participating in Medicare and Medicaid.

Our project centers on a quantitative analysis of the relationship between staffing and outcomes, and the ability of this analysis to identify a staffing threshold below which nursing facility residents are at increased risk of poor outcomes. In addition to this quantitative analysis, we are also conducting a series of focus groups among direct care staff (specifically, Nurse Aides) to ask them about staffing in their facilities, for example, how they adapt their work when their shift/unit is short staffed, and how they believe staffing impacts quality of care. We are also conducting a series of telephone interviews with DONs/ADONs to ask about the mechanics of staffing, i.e., how much time is devoted to staffing issues, how staffing schedules are determined, how short staffing is handled, etc.

You were referred to us by _____, who indicated that you might be interested and willing to complete a telephone interview with us about the mechanics of staffing in your facility. If you are not the appropriate staff person to interview, can you refer me to the right person?

The interview will last about 30 minutes, and if you are willing to participate, we can conduct the interview now if you have time, or schedule some time within the next week. Which do you prefer?

" Now. Proceed with interview.

" Later. Scheduled date and time is: _____

Please note that the interview will be confidential – your responses will be anonymous, and neither you nor your facility will be identified in our report to HCFA.

Interviewee characteristics:

Position: _____

How long in that position? _____

How long at the facility? _____

Facility Characteristics:

Total number of Beds:	
Number and type of Units:	
Number of beds/unit:	
Resident population: (% Medicare, % Medicaid, % private pay)	
Location: (urban/suburban/rural)	
Ownership: (chain/independent)	
Profit status: (for-profit/non-profit)	

Responsibility for and Involvement in Staffing

1) In your current position as DON or ADON, how much of your time is devoted to dealing with staffing issues in general?

- ☐ A lot – at least 50 % of my time
- ☐ Some –25-49 % of my time
- ☐ Little – 10-24% of my time
- ☐ Very Little – Less than 10% of my time.

1a). How much of your time is devoted to the following staffing-related tasks?

Staffing Issue:	50% or more	25- 49%	10-24%	<10%
Staffing budget development				
Determination of vacant positions				
Advertising positions				
Interviewing candidates				
Checking references				
Hiring process				
Orientation/Training				
Scheduling and re-scheduling				
Dealing with sick calls, etc.				

2) Which of these specific activities takes the most of your time? Why?

Development of Staffing Schedules

3) How is scheduling conducted at your facility?

3a). Does the facility employ a scheduler?

" Yes ☐

" No ☐

3b). How many hours per week does this person work?

3c). Who is responsible for scheduling licensed staff? For scheduling unlicensed staff?

4) How do you decide how many staff per shift to schedule (ask for information for all 3 shifts)?

5) What factors are taken into consideration when making the schedules?

6) Do staff have any input into the schedules? If yes, at what level and how much input do they have?

7) Do you currently have any vacant positions?

" Yes ☐

7a.) How many vacancies and for what positions?

7b). How are these vacancies being covered?

" through use of temporary/agency staff

" over-time by facility staff

" voluntary OT

" mandatory OT

" through use of per diem staff

" No positions are currently vacant

Numbers of Staff and Adequacy of Staffing Level

- 8) Consider the numbers of nursing staff in your building. When everyone reports for his/her scheduled shift, would you describe your facility's staffing as:

- " Excellent
- ☐ Adequate – not necessarily short staffed, but not heavily staffed either
- " Light – slightly short staffed
- " Poor – definitely short staffed

8a). Would you answer this question differently for different shifts? If so, describe.

- 9) What percent of the time would you estimate that all scheduled staff report for work?

- ' <25% of the time
- ' 26 - 50% of the time
- ' 51 - 75% of the time
- ' >75% of the time

- 9) Consider, in general terms, the current staffing situation in your facility. Please describe how the current situation came to be. What factors within the facility or from outside the facility impact your ability to staff the facility?

Probes (check all that apply):

- " Current rates of unemployment in your area
- " uncertainty about the financial impact of PPS
- " administration/corporate limits on staffing
- " Aging licensed nursing population, decreased enrollment in nursing schools
- " Low wages, few benefits for nursing facility staff
- " Little chance for advancement for NAs
- " Physically and emotionally demanding work
- " Poor image of nursing homes in the media
- " Other _____

- 10) Describe the "ideal" staffing ratios (staff to residents) for your facility, by shift. This ideal should not be constrained by budgetary limits, availability of staff, etc. The ideal should be based on what you think is needed to provide quality care.

Shift	Ideal ratio for RNs to residents	Ideal ratio for LPNs to residents	Ideal ratio for NAs to residents
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7-3			
3-11			
11-7			

- 11) Do these ideals differ from your actual staffing?
- 1) No
- 2) Yes ☐ 11a). How do they differ?
- 12) Does your state have minimum staffing requirements for licensed and unlicensed staff in nursing facilities?
- " No
- " Yes ☐ 12a). Do you know what those minimums are?
- " No
- " Yes ☐ 12b). Do you think these minimums are adequate?
- " Yes ☐ 12c). Are they enforced?
- " Yes
- " No
- " No ☐ 12d). What do you think they should be?
- 13) Do you think the Federal government should mandate minimum staffing requirements?
- " Yes. Please explain why.
- " No. Please explain why.
- 14) Do you currently use, or have you in the past, used an acuity scale to determine staffing needs? If so, what measure did you use? Please also comment on its usefulness.

Problems & Solutions: Absenteeism

- 15) To what extent do last minute sick calls and no call/no shows affect staffing in your facility (on average)?
- " BIG part of the problem
- " part of the problem
- " Small part of the problem

" not part of the problem

16) What methods/strategies do you currently employ to reduce absenteeism? Check all that apply.

- " Rewards, bonuses, recognition for good attendance.
- " Progressive discipline measures for excessive absenteeism.
- " Requiring MD notes for sick calls
- " Requiring staff to "make up" lost time, especially re: weekend sick calls
- " Sick time buy-back programs
- " Other

16a). How effective have these been? Do you plan any changes in the future?

17) How are sick calls handled?

17a). Who in the facility is responsible for receiving the calls and making any necessary staffing decisions?

17b). What kinds of options are available to this person for filling the slot? How does this vary by shift, by unit?

17c). Are all sick calls replaced or only those in excess of a certain number or on certain units, certain shifts?

17d). What number of sick calls, or below what ratio of residents to staff is considered critical?

17e). Do you currently use temporary help to replace sick calls?

Recruitment and Retention

18) To what extent is any existing or potential staffing shortage in your facility related to recruitment and/or retention problems?

- " Most of the problem
- " Some of the problem

- " Small part of the problem
- " Not part of the problem

- 19) What strategies do you currently employ to improve recruitment and retention? Check all that apply.
- " Hiring bonuses for new employees
 - " Recruitment bonuses for current employees
 - " Recognition, rewards, bonuses for long term employees
 - " Generous benefits programs (vacation, sick time, health insurance, retirement plans) for long term employees
 - " Career ladders
 - " Free training programs for NA's
 - " Cooperative programs with vocational schools, nursing schools to provide clinical learning sites and opportunities for recruitment
 - " Special pay rates
 - " Shift and weekend differentials
 - " Benefit programs for part time employees
 - " Job fairs
 - " Offering special educational programs, ESL classes
 - " Other
- 20) How effective have these strategies been? Do you plan any changes in the near future?

Creative Solutions to Stretch Staff

- 21) Does you currently employ any of the following ways to "stretch" your existing staff? Check all that apply.
- " Volunteers. If yes, how many and on what shifts?
 - " Family members. If yes, on average how many residents have family members who visit
 - 1-2 times/week
 - 3-5 times/week
 - 5 or more times/week
 - " Bed Makers, Bathers, etc. If yes, how many hours per week
 - " Assistance at mealtimes from licensed staff, administrator staff, social services, activity staff.
 - " Paid companions/private duty nursing for residents. If yes, how many residents have this?
 - " Overlapping shifts at critical times when more staff are needed

Conclusion:

I want to thank you very much for your time and assistance with our project. If there is anything else you would like to tell me about staffing as a general issue or about staffing in your facility, please feel free to do so. If there is something I didn't ask you that you wished I had, please also let me know that.

If upon further reflection, there is something you would like to add to the interview, I may be reached at (617) 349-XXXX.

Thank you again for your time.

APPENDIX D
Nurse Aide Focus Groups
Moderator=s Guide

My name is Allison Walker and this is my colleague Karen Toll. We=re from Abt Associates, a private research firm, specializing in health policy research for the Federal government. Our main offices are located in Cambridge, MA, and Washington, DC.

We currently have a contract with the Health Care Financing Administration (HCFA) to provide them with research that will help determine whether or not they should require a minimum number of nursing staff to residents in nursing facilities that have Medicare and Medicaid residents. Our project will utilize a great deal of data and information related to staffing and quality of care/quality of life. In addition to these data, the study will also collect information from the front line nursing facility staff (i.e., the direct care workers) who are the most qualified to tell us about how staffing affects quality of care and quality of life B you are the experts, which is why we want to talk to you about this important issue.

To that end, we are conducting a series of focus groups to talk to Nurse Aides about the issue of staffing. Focus groups are really just group discussions with everyone participating and offering their opinions on the topics being discussed. There are no right or wrong answers. Topics include how staffing decisions are made, how facility management responds to short staffing, the consequences of short staffing, how long it takes you to conduct certain activities such as feeding, and unique staffing practices you have experienced.

We ask that you be as open and honest as possible, and provide us with responses based on your entire experience as a Nurse Aide. Your name (or the name of your facility) will not be associated in any way with your responses to our questions, and you will not be identified in any report being submitted to HCFA. This discussion will be held confidential.

This session will last approximately 12 to 2 hours, and we greatly appreciate your willingness to give us your time and provide us with this valuable input to our study. We are providing you with \$40 in return for your participation in this discussion group. So before you leave, we will need to fill out the form to receive your money, which we will give you in cash at the end of the session.

Opening warm-up question (10 minutes)
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I would like us to go around the table and have each person tell us your name, where you are from (city/state) and how long you=ve have been at your current facility. Please also tell us how long you=ve been a NA and why you decided to become a NA.@

Ask if anyone has a job title other than Nurse Aide, such as Resident Aide/Resident Assistant or Nurse Assistant. Follow-up by asking what the different job title means to them.

Staffing Schedule Determinations (20 minutes)

How is staffing determined in your nursing facility? Do you think this process is adequate?@

Probes: *Who determines staffing, i.e., # of staff on a shift, # of NAs, where each staff member will work, etc. (DON, NA Team Leader, etc.)*
When is the schedule determined?
What is the schedule based on (i.e., previous week=s schedule, facility standards, employee input, etc.)?

What kind of flexibility do you have in determining your schedule (i.e., how much control do you have over your own schedule?).@

What if you need to make a change in the schedule?@

Probes: *What must you do to get the schedule changed?*
How easy is it to change the schedule?

What if the facility needs to make a change in the schedule? How is this handled at your facility?@

Probes: *management asks for volunteers to work additional/different shifts*
lowest seniority is required to work additional shifts
use agency staff if no employees available to cover change
Offer incentives to employees to work extra shifts

What happens when staff call in sick, i.e., how does facility management deal with being short staffed?@ How do they staff up to a normal/usual level?@

Probes: *use agency/per diem staff*
Have employees work double shifts
Continue the day being short staffed

When do you usually find out that your shift/unit is presently short staffed?@

Probes: *when you show up for work*
Prior to coming to work

Is absenteeism a problem in your facility?@

If yes, Why do you think NAs are absent?@

Probes: *too tired from previous shift to work*
 No input into the schedule so can't often work when scheduled
 Transportation problems to/from work
 Home/family situation is problematic

What do you think facility management could do to reduce absenteeism?@

Probes: *offer financial incentives*
 Bonuses for not using sick leave
 Allow staff more input into the schedule
 Involve NAs in care planning
 Career ladders

General Staffing Questions (20 minutes)

What shift do you currently work? How many residents are you (typically) responsible for on that shift? Do you think that is too many, just enough, or could you care for more? Are you able to do what is needed in the time available?

Are staffing assignments (i.e., shift, unit, etc.) consistent/permanent?

What things do you do differently when working a short staffed shift or unit (i.e., what gives first)?

Probes: *bathing, grooming, etc.*
 spending time with residents
 documentation
 interaction with other staff
 attending care planning conferences

Which aspects of care/quality of life suffer the most from short staffing?

Probes: *residents are not turned and positioned*
 Residents don't get water
 residents are not toileted frequently enough
 residents are not fed properly and with care
 residents are not ambulated
 residents do not have their hygiene needs met
 residents miss their baths
 residents miss activities, opportunities for recreation/socialization

Which types of residents are most likely to receive less care when the shift/unit is short staffed?

Probes: *demanding residents*
 Confused residents
 Bedfast residents
 Young residents
 Elderly residents
 Residents with complex care needs

What happens to residents when the facility is short staffed? What do you see?

Probes: *weight loss*
 malnutrition
 dehydration
 bed sores
 incontinence
 decreased range of motion
 less communicative/more withdrawn/apathetic
 death

How is this lack of care reported, i.e., how is this discussed between NAs and their supervisors? Is a plan developed to address these problems?

Unique Staffing Practices (10 minutes)

Is there anything your current facility does that is unique regarding staffing?

Probes: *overlapping shifts*
 more staff on at mealtimes
 Use of volunteers

If yes, how do these things affect quality of care? How do they affect your job or the way you feel about your job?

Have you experienced any staffing practices that make providing care more difficult?

Time it Takes to Feed Residents (20 minutes)

The following series of questions focus on how long it takes to feed residents. And while we could ask similar questions for activities such as bathing, dressing toileting, transferring and grooming, we really only have time to discuss one activity. As such, we decided to focus on feeding since it is such an important and time consuming part of the Nurse Aide's day.

How many residents do you typically have to feed at mealtimes? Is that workable? Are there residents you feel need assistance but don't get it?

How much time do you get to feed residents?

Probe for differences between types of residents, i.e., those without feeding/swallowing problems but needing some assistance, those with feeding problems and needing some assistance, those who need total assistance, etc.

How is your helping residents eat their meals affected by procedures in your facility?

*Probes: NAs have to deliver trays to resident rooms
All residents must be fed in the dining room*

Do you feel the time you get to feed the residents is adequate? If not, how much time would you (reasonably) like to have?

Probe for differences among types of residents (i.e., minimal assistance, full assistance, feeding/swallowing problems, etc.)

Changes in Resident Acuity and Staffing (5 minutes)

Has the acuity of residents in your facility changed over the last three years? If yes, how are the residents different now?

How has this change in acuity affected the way you do your job and/or the way you feel about your job?

Has staffing changed since the acuity changed? In what ways?

Do you feel you and the other Nurse Aides have the time and training necessary to care for these sicker residents? What training do you need, i.e., what do you need to know that you don't now know?

Concluding Question (5 minutes)

What do you like best about being a NA? What is the most difficult aspect of being a NA?

*** At the end of the session before everyone leaves, ask the participants if they have any questions for Allison or Karen.